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Name (Print/Type)	Geralyn M. McFadden	Fax # (if faxed)	(703) 872-9306
Signature	<i>Geralyn M McFadden</i>	Date	March 25, 2004

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 09/717,741  
Applicant : Daniel N. Myers et al.  
Filed : November 21, 2000  
TC/A.U. : 1764  
Examiner : Hien Tran

Confirmation No. 1952

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Docket No. : 104334  
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**ELECTION OF CLAIMS "A"**

Sir:

In reply to the Office action mailed March 18, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.

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**To:****From:**

RECIPIENT Hien Tran (Art Unit 1764)	SENDER'S NAME Geri McFadden (for Thomas K. McBride, Jr.)
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FAX NO. (703) 872-9306	DATE March 25, 2004

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Total Pages Sent (including this cover sheet): 6

**Subject:** Myers et al, S.N. 09/717,741 (Atty. Dkt. No. 104334)

- Transmittal Form (PTO/SB/21)
- Election of Claims "A"

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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/717,741	
	Filing Date	November 21, 2000	
	First Named Inventor	Daniel N. Myers et al.	
	Art Unit	1764	
	Examiner Name	Hien Tran	
Total Number of Pages in This Submission	6	Attorney Docket Number	104334

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Thomas K. McBride, Jr. (Reg. No. 51,015)	
Signature	<i>Thomas K. McBride, Jr.</i>	
Date	March 25, 2004	

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Typed or printed name	Geraldyn M. McFadden		
Signature	<i>Geraldyn M. McFadden</i>	Date	Mar. 25, 2004

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